

BEST AVAILABLE COPY

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO.	FILING DATE			
							APPLICANT(S)				
							CLAIMS				
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			* <i>B</i>		* <i>C</i>	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.
1	1				1	1	51		4	4	2
2		1					52		4	4	2
3		1					53		4	4	2
4		1					54		4	4	2
5		4				2	55		4	4	2
6		4				2	56		4	4	2
7		4				2	57		4	4	2
8		4				2	58		4	4	2
9		4				2	59		1		1
10		4				2	60		1		1
11		4				2	61	1		1	1
12		4				2	62	1		1	1
13		4				2	63	1		1	1
14		1				2	64	1		1	1
15		1				2	65	1		1	1
16		1				1	66		2		1
17		1				1	67	2		1	2
18		1				1	68	1		1	1
19		1				1	69	1		1	1
20		1				1	70	1		1	1
21		2				1	71	1		1	1
22		2				2	72	1		1	1
23		1				1	73	1		1	1
24		1				1	74	1	1	1	1
25		1				1	75	1		1	1
26		1				1	76	1		1	1
27		1				1	77	1		1	1
28		1				1	78	4		4	2
29	1				1		79	4		4	2
30		1				1	80	4		4	2
31		1				1	81	1		1	1
32		1				1	82	1		1	1
33		5				2	83	1		1	1
34		5				2	84	1		1	1
35		5				2	85				
36		1				1	86				
37		1				1	87				
38		1				1	88				
39		1				1	89				
40		1				1	90				
41		1				1	91				
42		1				1	92				
43		1				1	93				
44		1				1	94				
45		1				1	95				
46	4		1		1	1	96				
47		1				1	97				
48		1				1	98				
49		1				1	99				
50		4			4	2	100				
TOTAL IND.	2						TOTAL IND.			4	
TOTAL DEP.	74		83				TOTAL DEP.		83		98
TOTAL CLAIMS	76						TOTAL CLAIMS				102